

**Fill in this information to identify your case:**

Debtor 1	<b>Jacqueline Roberts</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION		
Case number (if known)	4:15-bk-43779		

☒ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>Edward E. Martins, Inc</b> Creditor's Name	<b>\$20,103.80</b>	<b>\$1,289,000.00</b>	<b>\$0.00</b>
	Describe the property that secures the claim: <b>5038 Round Hill Dr, Dublin, CA 94568-8805</b> <b>The family residence has two mortgages: A first mortgage with Wells Fargo in the amount of \$836,199.46 and a second mortgage of approximately \$232,000. There is also an attorney lien on the house in</b> <b>1164 A St Hayward, CA 94541-4114</b> Number, Street, City, State & Zip Code	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p>		
	Who owes the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input checked="" type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim relates to a community debt			
	Date debt was incurred	Last 4 digits of account number		

2.2	<b>Franklin Credit Management</b>	Describe the property that secures the claim:	<b>\$232,000.00</b>	<b>\$1,289,000.00</b>	<b>\$0.00</b>
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Debtor 1 **Jacqueline Roberts**

First Name

Middle Name

Last Name

Case number (if known)

**4:15-bk-43779**

Creditor's Name

**101 Hudson St Fl 25  
Jersey City, NJ  
07302-3915**

Number, Street, City, State &amp; Zip Code

**5038 Round Hill Dr, Dublin, CA  
94568-8805  
The family residence has two  
mortgages: A first mortgage with  
Wells Fargo in the amount of  
\$836,199.46 and a second mortgage  
of approximately \$232,000. There is  
also an attorney lien on the house  
in**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number **0171****2.3 Internal Revenue Service**

Creditor's Name

**Centralized Insolvency  
Operation  
PO Box 7346  
Philadelphia, PA  
19101-7346**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**5038 Round Hill Dr, Dublin, CA  
94568-8805  
The family residence has two  
mortgages: A first mortgage with  
Wells Fargo in the amount of  
\$836,199.46 and a second mortgage  
of approximately \$232,000. There is  
also an attorney lien on the house  
in**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☒ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **various**

Last 4 digits of account number \_\_\_\_\_

**2.4 Wells Fargo Home  
Mortgage**

Describe the property that secures the claim:

**\$836,199.46****\$1,289,000.00****\$0.00**

First Name

Middle Name

Last Name

Creditor's Name

5038 Round Hill Dr, Dublin, CA  
94568-8805  
The family residence has two  
mortgages: A frist mortgage with  
Wells Fargo in the amount of  
\$836,199.46 and a second mortgage  
of approximately \$232,000. There is  
also an attorney lien on the house  
in

PO Box 10335  
Des Moines, IA  
50306-0335

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that  
apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured  
car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a  
community debt

Date debt was incurred

Last 4 digits of account number **3574**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,152,391.02

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$1,152,391.02

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

Alameda County Clerk-Recorder's Office  
1106 Madison St  
Oakland, CA 94607-4903

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number

**Fill in this information to identify your case:**

Debtor 1 Jacqueline Roberts  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION

Case number 4:15-bk-43779  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>IRS</b> Priority Creditor's Name <b>Centralized Insolvency Operation</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>\$4,792.87</b>	<b>\$2,153.00</b>	<b>\$2,639.87</b>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

4.1

**BAY MEDIA FEDERAL CREDIT UNION**

Nonpriority Creditor's Name

Last 4 digits of account number **8317****\$4,283.00****12 Mint Plz  
San Francisco, CA 94103-1862**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Judgment account opened 5/5/2009**

4.2

**California Pathology Medical**

Nonpriority Creditor's Name

Last 4 digits of account number **9625****\$1,881.00****3700 California St  
San Francisco, CA 94118-1618**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

4.3

**FRANCHISE TAX BOARD**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$10,963.57****PERSONAL BANKRUPTCY MS  
A340****PO Box 2952****Sacramento, CA 95812-2952**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.4

**STEVEN R UNA MD**

Nonpriority Creditor's Name

**20130 Lake Chabot Rd # 307  
Castro Valley, CA 94546-5340**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **6483****\$154.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

4.5

**SUSAN E SCATENA PHD**

Nonpriority Creditor's Name

**11740 Dublin Blvd # 206  
Dublin, CA 94568-2825**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **7001****\$456.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

4.6

**Valleycare Health System**

Nonpriority Creditor's Name

**5555 W Las Positas Blvd  
Pleasanton, CA 94588-4000**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **2169****\$44,554.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

Debtor 1 **Roberts, Jacqueline**

Case number (if known)

**4:15-bk-43779**

4.7

**Valleycare Medical Foundation**

Nonpriority Creditor's Name

**Department 34283**

**PO Box 39000**

**San Francisco, CA 94139-0001**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0943**

**\$172.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open account**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Alameda County Clerk-Recorder's**

**Office**

**1106 Madison St**

**Oakland, CA 94607-4903**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**c/o SF Credit Union**

**3201 California St**

**San Francisco, CA 94118-1903**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8317**

Name and Address

**I C System Inc**

**PO Box 64378**

**Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7001**

Name and Address

**Rash Curtis & Associat**

**190 S Orchard Ave Ste A2**

**Vacaville, CA 95688-3647**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9625**

Name and Address

**Rash Curtis & Associat**

**190 S Orchard Ave Ste A2**

**Vacaville, CA 95688-3647**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**6483**

Name and Address

**Rash Curtis & Associat**

**190 S Orchard Ave Ste A2**

**Vacaville, CA 95688-3647**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0943**

Name and Address

**Rash Curtis & Associates**

**190 S Orchard Ave Ste A2**

**Vacaville, CA 95688-3647**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2169**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 4,792.87
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 4,792.87
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 62,463.57
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 62,463.57



Fill in this information to identify your case:

Debtor 1 Jacqueline Roberts

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA,  
OAKLAND DIVISION

Case number 4:15-bk-43779  
(If known)

Check if this is:

- ☒ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed  
☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed  
☒ Not employed

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....	4. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>0.00</b>	\$ <b>0.00</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. <b>Other deductions.</b> Specify: .....	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>19,367.81</b>	\$ <b>0.00</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: .....	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. <b>Other monthly income.</b> Specify: .....	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>19,367.81</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>19,367.81</b>	+ \$ <b>0.00</b> = \$ <b>19,367.81</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: .....	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>19,367.81</b> <b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>The address of the business is 249 W. Jackson Street, #412, Hayward, CA 94545</b>		

## EXHIBIT "A"

Top of the Line Janitorial Service

**Roberts: Case #15-43779****Apr-15****May-15****Jun-15****Jul-15****Aug-15****Sep-15****Oct-15 Total****Average****BUSINESS INCOME**

<b>Revenue in by month:</b>	\$ 51,934.00	\$ 56,839.00	\$ 57,723.00	\$ 45,936.67	\$ 33,094.48	\$ 41,684.44	\$ 41,914.63	\$	<b>329,126.22</b>	\$ 47,018.03
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**EXPENSES**

W-2 Payroll	\$ 4,741.85	\$ 4,906.08	\$ 1,219.45	\$ 4,503.27	\$ 1,743.19	\$ 2,253.64	\$ 2,421.56	\$	<b>21,789.04</b>	\$ 3,112.72
Independend Contact Pay	\$ 9,782.53	\$ 10,727.18	\$ 9,073.50	\$ 13,743.07	\$ 10,971.84	\$ 11,394.44	\$ 7,205.93	\$	<b>72,898.49</b>	\$ 10,414.07

**SUPPLIES/EQUPMNT**

supply cost	\$ 5,500.00	\$ 6,200.00	\$ 6,445.00	\$ 4,335.00	\$ 2,840.00	\$ 6,645.00	\$ 5,300.00	\$	<b>37,265.00</b>	\$ 5,323.57
equipment purch./maintenance	\$ 825.00	\$ 940.00	\$ 1,250.00	\$ 329.00	\$ 752.00	\$ 827.00	\$ 1,100.00	\$	<b>6,023.00</b>	\$ 860.43
uniforms, shoes, etc	\$ 590.00	\$ 375.00	\$ 485.00	\$ 525.00	\$ 438.00	\$ 586.00	\$ 422.00	\$	<b>3,421.00</b>	\$ 488.71
laundry expenses	\$ 525.00	\$ 580.00	\$ 450.00	\$ 450.00	\$ 450.00	\$ 475.00	\$ 450.00	\$	<b>3,380.00</b>	\$ 482.86

**OFFICE**

Office rent	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 1,100.00	\$	<b>4,460.00</b>	\$ 637.14
utilities, internet, cable	\$ 386.00	\$ 357.00	\$ 348.00	\$ 395.00	\$ 385.00	\$ 349.00	\$ 389.00	\$	<b>2,609.00</b>	\$ 372.71
cell phones	\$ 376.00	\$ 387.00	\$ 352.00	\$ 374.00	\$ 343.00	\$ 389.00	\$ 392.00	\$	<b>2,613.00</b>	\$ 373.29
office supplies, etc.	\$ 275.00	\$ 435.00	\$ 275.00	\$ 275.00	\$ 275.00	\$ 275.00	\$ 275.00	\$	<b>2,085.00</b>	\$ 297.86
business dinning	\$ 495.00	\$ 348.00	\$ 425.00	\$ 495.00	\$ 360.00	\$ 485.00	\$ 340.00	\$	<b>2,948.00</b>	\$ 421.14
advertising-brochures, bus cards, etc.	\$ 319.00	\$ 240.00	\$ 225.00	\$ 250.00	\$ 325.00	\$ 300.00	\$ 200.00	\$	<b>1,859.00</b>	\$ 265.57
educational expenses	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$	<b>8,400.00</b>	\$ 1,200.00
storage fees, hauling/moving fees, etc.	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 2,525.00	\$	<b>4,475.00</b>	\$ 639.29

**INSURANCE**

worker's comp ins	\$ 585.00	\$ 585.00	\$ 585.00	\$ 585.00	\$ 426.00	\$ 426.00	\$ 426.00	\$	<b>3,618.00</b>	\$ 516.86
liability & bond ins	\$ 102.00	\$ 102.00	\$ 102.00	\$ 102.00	\$ 102.00	\$ 102.00	\$ 102.00	\$	<b>714.00</b>	\$ 102.00
office rental insurance	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$	<b>420.00</b>	\$ 60.00

**TAXES**

Self Employment Tax Contributions	\$ 4,200.00							\$	<b>4,200.00</b>	\$ 600.00
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**AUTO EXPENSES**

gas expenses	\$ 1,463.00	\$ 1,510.50	\$ 1,463.00	\$ 1,463.00	\$ 1,548.50	\$ 1,463.00	\$ 1,463.00	\$	<b>10,374.00</b>	\$ 1,482.00
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**TOTAL EXPENSES**

	\$ 32,310.38	\$ 29,837.76	\$ 24,842.95	\$ 29,969.34	\$ 23,104.53	\$ 28,115.08	\$ 25,371.49	\$	<b>193,551.53</b>	\$ 27,650.22
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Total remaining:	\$ 19,623.62	\$ 27,001.24	\$ 32,880.05	\$ 15,967.33	\$ 9,989.95	\$ 13,569.36	\$ 16,543.14	\$	<b>135,574.69</b>	\$ 19,367.81
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Fill in this information to identify your case:

Debtor 1 Jacqueline Roberts

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA,  
OAKLAND DIVISION

Case number 4:15-bk-43779  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

18

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 250.00

4d. Homeowner's association or condominium dues

4d. \$ 150.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>450.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>208.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>306.00</u>
6d. Other. Specify: <b>Garbage &amp; Recycling</b>	6d. \$ <u>110.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,250.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>250.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>250.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>50.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>737.50</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>150.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>1,300.00</u>
15c. Vehicle insurance	15c. \$ <u>435.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: <b>Non-filing spouse's debt payments</b>	21. +\$ <u>2,500.00</u>
<b>Non-filing spouse's vehicle pmt -Range Rover</b>	+\$ <u>408.00</u>
<b>Non-filing spouse's vehicle pmt -Mercedes Benz</b>	+\$ <u>598.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>9,402.50</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>9,402.50</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>19,367.81</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>9,402.50</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>9,965.31</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 Jacqueline Roberts

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California, Oakland Division

Case number 4:15-bk-43779  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☒ Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 47,018.03	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 47,018.03	
	Copy here ->	\$ 47,018.03
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here ->	\$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. <b>Interest, dividends, and royalties</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
8. <b>Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>47,018.03</b>	+ \$ <b>0.00</b> = \$ <b>47,018.03</b>
		Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ **47,018.03**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$	
.....	\$	
.....	+\$	
Total .....	\$ <b>0.00</b>	Copy here=> - <b>0.00</b>

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **47,018.03**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **47,018.03**

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. \$ **564,216.36**

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. CA
- 16b. Fill in the number of people in your household. 3
- 16c. Fill in the median family income for your state and size of household. \$ 70,732.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. **Copy your total average monthly income from line 11 .** \$ 47,018.03
19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.
- 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00
- 19b. **Subtract line 19a from line 18.** \$ 47,018.03
20. **Calculate your current monthly income for the year.** Follow these steps:
- 20a. Copy line 19b \$ 47,018.03  
Multiply by 12 (the number of months in a year). x 12
- 20b. The result is your current monthly income for the year for this part of the form \$ 564,216.36
- 20c. Copy the median family income for your state and size of household from line 16c \$ 70,732.00
21. **How do the lines compare?**
- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Jacqueline Roberts**

**Jacqueline Roberts**  
Signature of Debtor 1

Date **June 10, 2016**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.



Fill in this information to identify your case:

Debtor 1 Jacqueline Roberts

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California, Oakland Division

Case number 4:15-bk-43779  
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3 Living  
0 Housing

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,249.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 60

7b. Number of people who are under 65 X 3

7c. **Subtotal.** Multiply line 7a by line 7b. \$ 180.00 Copy here=> \$ 180.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 144

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 180.00 Copy total here=> \$ 180.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 533.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 2,594.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.  
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Edward E. Martins, Inc	\$ <u>330.40</u>
Wells Fargo Home Mortgage	\$ <u>5,493.00</u>
Internal Revenue Service	\$ <u>1,068.12</u>

9b. Total average monthly payment

\$ 6,891.52

Copy here=> -\$ 6,891.52 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 0.00

Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **612.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-NONE-	\$

Total Average Monthly Payment

\$ **0.00**

Copy here => -\$ **0.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if the number is less than \$0, enter \$0. ....

\$ **517.00**

Copy net Vehicle 1 expense here => \$ **517.00**

**Vehicle 2 Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **517.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-NONE-	\$

Total average monthly payment

\$ **0.00**

Copy here => -\$ **0.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ....

\$ **517.00**

Copy net Vehicle 2 expense here => \$ **517.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 0.00
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 1,300.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.**  
Add lines 6 through 23. \$ 4,908.00

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |                  |                                  |
|------------------------|------------------|----------------------------------|
| Health insurance       | \$ <u>0.00</u>   |                                  |
| Disability insurance   | \$ <u>0.00</u>   |                                  |
| Health savings account | + \$ <u>0.00</u> |                                  |
| Total                  | \$ <u>0.00</u>   | Copy total here=> \$ <u>0.00</u> |
- Do you actually spend this total amount?  
☐ No. How much do you actually spend?  
☒ Yes \$ \_\_\_\_\_
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00
- By law, the court must keep the nature of these expenses confidential. \$ 0.00

**28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ **0.00****29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ **0.00****30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ **0.00****31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ **0.00****32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ **0.00****Deductions for Debt Payment****33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home**

Average monthly payment

33a. Copy line 9b here ..... => \$ **6,891.52**

**Loans on your first two vehicles**

33b. Copy line 13b here ..... => \$ **0.00**

33c. Copy line 13e here ..... => \$ **0.00**

**33d. List other secured debts**

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

☐ No☐ Yes

\$ \_\_\_\_\_

☐ No☐ Yes

\$ \_\_\_\_\_

☐ No☐ Yes

\$ \_\_\_\_\_

**-NONE-**

33e. Total average monthly payment. Add lines 33a through 33d.....

\$ **6,891.52**

Copy total here=&gt;

\$ **6,891.52**

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☒ No. Go to line 35.
- ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
<b>-NONE-</b>		\$ _____ ÷ 60 = \$ _____	
		Total \$ <b>0.00</b>	Copy total here=> \$ <b>0.00</b>

**35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- ☐ No. Go to line 36.
- ☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **2,152.80** ÷ 60 \$ **35.88**

**36. Projected monthly Chapter 13 plan payment**

\$ **35,182.63**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X **7.10**

Average monthly administrative expense

\$ **534.80** Copy total here=> \$ **534.80**

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

\$ **7,462.20**

**Total Deductions from Income****38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances \$ **4,908.00**

Copy line 32, All of the additional expense deductions \$ **0.00**

Copy line 37, All of the deductions for debt payment +\$ **7,462.20**

Total deductions..... \$ **12,370.20** Copy total here=> \$ **12,370.20**

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13**  
*Statement of Your Current Monthly Income and Calculation of Commitment Period.* \$ **47,018.03**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here => \$ **12,370.20**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

**Describe the special circumstances****Amount of expense****Business Expenses**\$ **27,650.22**

\$

\$

**Total** \$ **27,650.22**Copy here=> \$ **27,650.22**

44. **Total adjustments.** Add lines 40 through 43 => \$ **40,020.42** Copy here=> -\$ **40,020.42**

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

\$ **6,997.61****Part 3: Change in Income or Expenses**

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$

**Part 4:** Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X /s/ Jacqueline Roberts**  
**Jacqueline Roberts**  
Signature of Debtor 1

Date **June 10, 2016**  
MM / DD / YYYY